## Ferree, Melissa A. (DNREC)

From:

Ev Ashworth <EAshworth@algcorp.com>

Sent:

Wednesday, December 24, 2014 3:31 PM

To:

Ferree, Melissa A. (DNREC)

Cc: Subject: Corash, Michele; Sam Ghezavat FW: BE - Delaware Operations

**Attachments:** 

DE EPA ID Applications 12-23-14.final executed.pdf; Manifest 005798808JJK.COPY to

**DNREC.PDF** 

## Melissa:

Your colleagues at the front desk are not in, and I thought it better to send an email than provide a voice mail. I write to update you on the status of Bloom Energy's applications for a temporary EPA waste ID. Given that the Christmas holiday is now upon us, we thought it best to provide the following:

- 1) Attached are the applications for the temporary waste ID. We fully understand that DNREC will not process the applications until Bloom has identified the licensed transporter and the TSDF where the used canisters will be shipped for treatment, storage and disposal. However, the process of putting in place contracts with the TSDF has taken a bit more time that we appreciated at the onset, as the canisters are unique to BE's operations (as opposed to a standard 55 gallon waste container). Sam Ghezavat and his colleagues at BE are working diligently on this issue, and have been in contact with several TSDFs and are close to executing the necessary agreements. The licensed transporter should not be an issue thanks for forwarding over the list.
- 2) Note that the applications identify LQG status for only two facilities: BE Redlion and BE Brookside. The other two facilities will accumulate hazardous waste below the 2,200 pound/month threshold.
- 3) We have completed the training of all BE staff at all four facilities. The LQG facilities have written training plans and contingency plans in place, and we will have records of training/weekly inspections in place too.
- 4) We will keep you posted on the selection of the TSDF we are seeking letters of acceptance from the TSDF and expect to receive these shortly.
- 5) We attach an example of the Uniform Waste Manifests that we have for shipment of the hazardous wastes from Unitcat in Texas to the TSDF. You've asked us for a single example, but let us know if you need additional manifests.
- 6) Note that the applications provide a single RCRA waste code: D018 (benzene). We confirmed with Sam G. and Bloom that metals that were identified were based on California only testing (California uses a different waste extraction test than the EPA TCLP). We have confirmed that RCRA metals are below EPA's established toxicity threshold for RCRA metals.

Thanks again for your help in coordinating the Temporary ID for BE. I'd welcome a call or email if there are any questions, etc. – it's best to reach my on my cell until Monday, December 29 when I'll be back in the office.

My colleagues here join me in extending our best wishes for the Christmas holiday.

Best, Ev



Everard Ashworth | Principal

T: 805.764.6017 | C: 805.432.9732 | F: 805.764.6011 601 E. Daily Dr. Ste. 302 Camarillo CA 93010-5800

## eashworth@algcorp.com | www.algcorp.com

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COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for Submittal	Reason for Submittal:						
Submittal	☑ To provide an Initial Notification	on (first time	submitting site identificat	tion information / to obtain	an EPA ID number		
MARK ALL BOX(ES) THAT	☐ To provide a Subsequent Notif	ication (to up	odate site identification in	nformation for this location	)		
APPLY	☐ As a component of a First RCF	RA Hazardou	us Waste Part A Permit A	Application			
	As a component of a Revised I component of the Hazardous V				nt#) □□As a		
	☐ Site was a TSD facility and or >100 kg of acute hazar equivalent LQG regulation	dous waste					
2. Site EPA ID Number	EPA ID Number:						
3. Site Name	Name: BE Manufacturing Center Delay	vare					
4. Site Location	Street Address: 200 Christina Parkway	/					
Information	City, Town, or Village: Newark			County: New Castle			
	State: Delaware	Country:	United States	Zip Code: 19713			
5. Site Land		5 A1 A1	X2 X2 X				
Type 6. NAICS	A. 335999	□ Federal	☐ Tribal ☐ Municipa	I ■ State □ Other			
Code(s) for the Site (at	1100 1100						
least 5-digit	В.		D.				
7. Site Mailing	Street or P.O. Box: 1299 Orleans Drive	9					
Address	City, Town, or Village: Sunnyvale				4 1 1 1 1 1 1		
	State: CA	Country:	United States	Zip Code: 94089			
8. Site Contact	First Name: Sam	MI:	Last: Ghezavat				
Person	Title: EHS Director						
	Street or P.O. Box: 1299 Orleans Drive	•					
	City, Town or Village: Sunnyvale			=======================================			
	State: CA	Country:	United States	Zip Code: 94089			
	Email: Sam.Ghezavat@bloomenergy.co				*:		
	Phone: 408-203-6895		xt.:	Fax: 408-541-1725			
9. Legal Owner and Operator of the Site Delaware  A. Name of Site's Legal Owner: 1743 Holdings, LLC/University of Delaware  Date Became Owner: 1				1/23/2009			
	Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☑ State ☐ Other						
	Street or P.O. Box: 124 Hullihen Hall						
	City, Town, or Village: Newark			Phone: 302-831-2792			
	State: DE		United States	Zip Code: 19716			
	B. Name of Site's Operator: Bloom En				7/31/2013		
	Energy LLC)  Date Became Operator: 7/31/2013  Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other						

EPA ID Number:					OMB# 2050-0024; Expires <u>12/31/2014</u>
10. Type of Regulated W	aste Activity (at your site	i)	he for		omplete any additional boxes as instructed.
A.Hazardous Waste Activ					Transporter of Hazardous Waste     If "Yes", mark all that apply.
Y 図 N □ 1. Generator of If "Yes", ma	Hazardous Waste rk only one of the followi	ng – a, b, or c.			□ a. Transporter
□ a. LQG:	Generates, in any calenda (2,200 lbs./mo.) or more of Generates, in any calenda at any time, more than 1 k acute hazardous waste; of calendar month, or accumthan 100 kg/mo (220 lbs./spill cleanup material.	of hazardous waste; or ar month, or accumulates ag/mo (2.2 lbs./mo) of ar Generates, in any nulates at any time, more	Υ□Ι	ΝŒ	<ul> <li>□ b. Transfer Facility (at your site)</li> <li>6. Treater, Storer, or Disposer of Hazardous         Waste Note: A hazardous waste Part B         permit is required for these activities.</li> </ul>
⊠ b. SQG:	100 to 1,000 kg/mo (220 - acute hazardous waste.	-2,200 lbs./mo) of non-	<b>Y</b> 🗆 1	N 🗷	7. Recycler of Hazardous Waste
	Les than 100 kg/mo (220 hazardous waste. indicate other generator ac		Υ□	N 🗷	8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  13 a. Small Quantity On-site Burner Exemption
Y 図 N □ 2. Short-Term Go event and not		short-term or one-time			□ b. Smelting, Melting, and Refining Furnace Exemption
Y□N 図 3. United States		Vaste	<b>Y</b> 🗆 !	N 🗷	9. Underground Injection Control
Y □ N 図 4. Mixed Waste	(hazardous and radioacti	ve) Generator	<b>Y</b> 🗆 1	N 🗷	10. Receives Hazardous Waste from Offsite
B.Universal Waste Activit	ies; Complete all parts 1-	2.	C. I	Jsed	Oil Activities; Complete all parts 1-4
5,000 kg or determine	ntity Handler of Universa r more) [refer to your Stat what is regulated]. Indica aged at your site. If "Yes	te types of universal	Y 🗆 1	N Ø	1. Used Oil Transporter If "Yes", mark all that apply.
∐ a. Batterio					□ b. Transfer Facility (at your site)
□ b. Pestici	des	a	Y = 1	N 🗷	2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.
□ c. Mercur	y containing equipment				a. Processor
□ d. Lamps					☐ b. Re-Refiner
☐ e. Other (		6	Y 🗆 1	N 🗷	3. Off-Specification Used Oil Burner
☐ f. Other (s			Y	N 🗷	3. Used Oil Fuel Marketer
□ g. Other (	specity)		<b>Y</b> 🗆	N 🗵	Used Oil Fuel Marketer If "Yes", mark all that apply.
	n Facility for Universal W zardous waste permit may				<ul> <li>a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner</li> </ul>

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D.	Eligibl hazard	e Academic Entition Ious wastes pursu	es with Laboratorie ant to 40 CFR Part	es—Notification for 262 Subpart K	or opting into or w	ithdrawing from ma	naging laboratory
	□ You	can ONLY Opt into	Subpart K if:				
	a w	greement with a col ith a college or univ	lege or university; o rersity; AND	r a non-profit resea	arch institute that is	al that is owned by or owned by or has a fo s effective in your sta	has a formal affiliation ormal affiliation agreement ote
Y o N	☑ 1. S [:8	Opting into or curre ee the item-by-iter a. College or Univer b. Teaching Hospita	ently operating unde m instructions for o Sity Il that is owned by o	r 40 CFR Part 262 definitions of type r has a formal writt	Subpart K for the ns of eligible acade	nanagement of hazard emic entities. Mark a nent with a college or	dous wastes in laboratories all that apply:
Y 🗆 N					•	ment with a college o	•
11 Desc	rintion	of Hazardous Wa	ste				
A. Wast	e Code	s for Federally Reg	gulated Hazardous	Wastes. Please lis	st the waste codes 01, D003, F007, U1	of the Federal hazard 12). Use an addition	dous wastes handled at your al page if more spaces are
DO	018						
				4			
		*					
			6/				
				Za.			
							State-Regulated hazardous f more spaces are needed.
10							

EPA ID Number:		OMB# 2050-0024; Expires <u>12/31/2014</u>
12. Notification of Hazardous Secondary Ma	aterial (HSM) Activity	
material under 40 CFR 261.2(a)(	(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?	ging, or will stop managing hazardous secondary on for Managing Hazardous Secondary Material.
13. Comments		
Per discussions with DNREC staff (Melissa Fe	erree) this temporary EPA ID is required for the	one time shipment of desulfurization canisters.
	NE CALL	
10 pc		
accordance with a system designed to assure inquiry of the person or persons who manage submitted is, to the best of my knowledge and submitting false information, including the pos	the system, or those persons directly responsi belief, true, accurate, and complete. I am awa	valuate the information submitted. Based on my ble for gathering the information, the information are that there are significant penalties for violations. For the RCRA Hazardous Waste Part
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Sam. Shegant	Sam Ghezavat – EHS Director	12-23-14

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM							
10. Reason for Submittal	Reason for Submittal:							
	To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID not for this location)							
MARK ALL BOX(ES) THAT	☐ To provide a Subsequent Notifi	ication (to u	pdate site identification in	ate site identification information for this location)				
APPLY	☐ As a component of a First RCF	RA Hazardou	us Waste Part A Permit	Application				
	<ul> <li>As a component of a Revised I component of the Hazardous V</li> </ul>	RCRA Haza Vaste Repoi	rdous Waste Part A Peri rt (If marked, see sub-bu	mit Application (Amendme	ent#) □□As a			
	Site was a TSD facility and or >100 kg of acute hazar equivalent LQG regulation	dous waste						
11. Site EPA ID Number	EPA ID Number:							
12. Site Name	Name: BE Redlion							
13. Site	Street Address: 1493 River Road			4				
Location Information	City, Town, or Village: New Castle		County: New Ca	stle				
	State: Delaware	Country:	United States	Zip Code: 19720				
14. Site Land Type	☐ Private ☐ County ☐ District ☐	Federal	☐ Tribal ☐ Municipal	■ State □ Other				
15. NAICS Code(s) for	A. 221118 C.							
the Site (at least 5-digit	B. D.							
16. Site	Street or P.O. Box: 1299 Orleans Drive							
Mailing Address	City, Town, or Village: Sunnyvale							
Address	State: CA	Country:	United States	<b>Zip Code:</b> 94089				
17. Site	First Name: Sam	MI:	Last: Ghezavat					
Contact Person	Title: EHS Director							
Person	Street or P.O. Box: 1299 Orleans Drive	)						
	City, Town or Village: Sunnyvale							
	State: CA	Country:	United States	Zip Code: 94089	1			
	Email: Sam.Ghezavat@bloomenergy.co	om						
	Phone: 408-203-6895	E	xt.:	Fax: 408-541-1725				
18. Legal	A. Name of Site's Legal Owner: Dein	narva Powe	r & Light Company	Date Became Owner: 1	/1/1900			
Owner and Operator of	Owner Type:   Private   County	☐ District	☐ Federal ☐ Trib	al 🛘 Municipal 🗷 Si	ate 🗆 Other			
the Site	Street or P.O. Box: Delmarva 401 Eagl	le Run Road	1					
	City, Town, or Village: Newark	F		Phone: 800-375-7117				
	State: DE	Country:	United States	<b>Zip Code</b> : 19702				
	B. Name of Site's Operator: Diamond	State Gene	ration Partners. LLC	Date Became Operator	: 12/12/2012			
1	Operator Type: Private							

EPA ID Numi	per: LLLL				OMB# 2050-0024; Expires <u>12/31/2014</u>
10. Type o	f Regulated W Yes" or "No"	/aste Activity (at your si for all <u>current</u> activities	te) (as of the date submitting t	he form); c	omplete any additional boxes as instructed.
E. Hazardou	s Waste Activ	ities; Complete all parts	1-10.	YON区	5. Transporter of Hazardous Waste If "Yes", mark all that apply.
/⊠ N □ 1.		Hazardous Waste ork only one of the follow	ving – a, b, or c.		□ a. Transporter
	☑ a. LQG:	Generates, in any calend (2,200 lbs./mo.) or more	dar month, 1,000 kg/mo of hazardous waste; <b>or</b>		⊔ b. Transfer Facility (at your site)
		at any time, more than 1 acute hazardous waste; calendar month, or accu		Y D N 🗷	Treater, Storer, or Disposer of Hazardous     Waste Note: A hazardous waste Part B     permit is required for these activities.
	□ b. SQG:	100 to 1,000 kg/mo (220 acute hazardous waste.	-2,200 lbs./mo) of non-	YONE	7. Recycler of Hazardous Waste
	C. CESQG:	Les than 100 kg/mo (220 hazardous waste.	O lbs./mo) of non-acute	Y D N 🗵	8. Exempt Boiler and/or Industrial Furnace It "Yes", mark all that apply.
⁄⊠N□ 2.	Short-Term G	indicate other generator indicate other generator (generate from the from on-going processes the Comments section.	a short-term or one-time		□ b. Smelting, Melting, and Refining Furnace Exemption
		Importer of Hazardous (hazardous and radioac			Underground Injection Control     Receives Hazardous Waste from Offsite
F. Universa	i Waste Activi	ties; Complete all parts	1-2.	G. Used	Oil Activities; Complete all parts 1-4
YINE	5,000 kg o determine	antity Handler of Univers r more) [refer to your St what is regulated]. Indic paged at your site. If "Ye	cate types of universal	Y D N 🗵	1. Used Oil Transporter If "Yes", mark all that apply.
	□ a. Batteri	es			b. Transfer Facility (at your site)
	□ b. Pestici	ides	ú	Y D N E	
	C. Mercui	ry containing equipment	O		
	🛘 d. Lamps	3			□ a. Processor
	⊟ e. Other	(specify)			☐ b. Re-Refiner
	□ f. Other (	specify)		YINZ	3. Off-Specification Used Oil Burner
	□ g. Other	(specify)		YONZ	3. Used Oil Fuel Marketer
	2-0 0 1 10 11			YINE	Used Oil Fuel Marketer     If "Yes", mark all that apply.
Y D N E		on Facility for Universal azardous waste permit ma			<ul> <li>a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner</li> </ul>
					b. Marketer Who First Claims the Used Oil     Meets the Specifications

'A ID N	lumber: L				OME	3# 2050-0024; Expire	es <u>12/31/2014</u>
l.			with Laboratories— at to 40 CFR Part 26		oting into or withdra	wing from managin	g laboratory
	☐ You ca	n ONLY Opt into S	ubpart K if:				
	agre with	ement with a college or univer	the following: a colle ge or university; or a i sity; AND your State to determ	non-profit research	institute that is owner	d by or has a formal a	
/ D N	See □ a. ( □ b. 1	the item-by-item in College or University Feaching Hospital to	ly operating under 40 nstructions for defi y nat is owned by or ha that is owned by or ha	nitions of types of s a formal written a	eligible academic e	entities. Mark all that with a college or unive	ersity
/ 🗆 N	2. Wit	thdrawing from 40 (	OFR Part 262 Subpar	t K for the manager	ment of hazardous wa	astes in laboratories	
i. Des	cription of	Hazardous Wast	9				
. Wast ite. Lis eeded.	st them in the	or Federally Regune order they are p	lated Hazardous Waresented in the regula	stes. Please list th tions (e.g., D001, [	e waste codes of the 2003, F007, U112).	Federal hazardous v Use an additional pag	vastes handled at you ge if more spaces are
D	018						
			d (i.e., non-Federal)				
						- 1	

PAID Number: L		OMB# 2050-0024; Expires 12/31/2014
12. Notification of Hazardous Secondary !	Material (HSM) Activity	
	260.42 that you will begin managing, a )(2)(ii), 40 CFR 261.4(a)(23), (24), or (	re managing, or will stop managing hazardous secondary 25)?
If "Yes", you must fill out the Add	lendum to the Site Identification Form:	Notification for Managing Hazardous Secondary Material.
13. Comments		3
Per discussions with DNREC staff (Melissa F	Ferree) this temporary EPA ID is requir	ed for the one time shipment of desulfurization canisters.
	4	
111 111		
accordance with a system designed to assur inquiry of the person or persons who manag- submitted is, to the best of my knowledge an	e that qualified personnel properly gat e the system, or those persons directly ad belief, true, accurate, and complete. assibility of fines and imprisonment for	nts were prepared under my direction or supervision in her and evaluate the information submitted. Based on my responsible for gathering the information, the information I am aware that there are significant penalties for knowing violations. For the RCRA Hazardous Waste Part ) and 270.11).
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type	or print) Date Signed (mm/dd/yyyy)
Sun Hhyoran	Sam Ghezavat – EHS Director	12-23-14
× ×		
		4 -

SEND					and stay		
FORM TO:	United States Environmental Protection Agency						
The Appropriate State or	RCRA SUBTITLE C SITE IDENTIFICATION FORM						
Regional Office.  19. Reason	Reason for Submittal:						
for Submittal							
MARKALI	To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)						
MARK ALL BOX(ES) THAT	To provide a Subsequent Notification (to update site identification information for this location)						
APPLY	As a component of a First RCF	RA Hazardo	us Waste Part A Permit.	Application			
	<ul> <li>As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment component of the Hazardous Waste Report (If marked, see sub-bullet below)</li> </ul>						
	☐ Site was a TSD facility and or >100 kg of acute hazar equivalent LQG regulation	rdous waste					
20. Site EPA ID Number	EPA ID Number:						
21. Site Name	Name: BE Brookside						
22. Site	Street Address: 513 E Chestnut Hill Ro	bac					
Location Information	_ City, Town, or Village: Newark County: New Castle						
monnation	State: Delaware	Country:	United States	<b>Zip Code:</b> 19713			
23. Site Land Type	☐ Private ☐ County ☐ District ☐	∃ Federal	□ Tribal □ Municipa	I ☑ State ☐ Other			
24. NAICS Code(s) for	A. 221118	C.					
the Site (at least 5-digit	В.		D.				
25. Site	Street or P.O. Box: 1299 Orleans Drive	e					
Mailing Address	City, Town, or Village: Sunnyvale						
7.00.000	State: CA	Country:	United States	Zip Code: 94089	)		
26. Site	First Name: Sam	MI:	Last: Ghezavat				
Contact Person	Title: EHS Director						
reison	Street or P.O. Box: 1299 Orleans Drive	е					
	City, Town or Village: Sunnyvale						
	State: CA	Country:	United States	Zip Code: 94089			
	Email: Sam.Ghezavat@bloomenergy.c	om					
	Phone: 408-203-6895	E	xt.:	Fax: 408-541-1725			
27. Legal Owner and	A. Name of Site's Legal Owner: Delaware Department of Transportation (DelDOT)  Date Became Owner: 1/1/1900						
Operator of	Owner Type:   Private   County	□ Distric	t 🗆 Federal 🗆 Tril	oal 🗆 Municipal 🗷 S	State   Other		
the Site	Street or P.O. Box: DelDOT 800 Bay Road PO Box 778						
	City, Town, or Village: Dover			Phone: 800-652-5600			
	State: DE	Country:	United States	<b>Zip Code:</b> 19903-0778			
			) <del></del>				
ı	B. Name of Site's Operator: Diamond			Date Became Operator			
	Operator Type: Private   Coun	ty 📙 Dist	inci 🗆 rederai 🗓 l	Tribal 🗆 Municipal 🗆	State   Other		

EPA ID Nu	mber.					OMB# 2050-0024; Expires <u>12/31/2014</u>
10. Type	of Regulated W	/aste Activity (at your si for all <u>current</u> activities	te) (as of the date submitting t	the fo	rm); c	complete any additional boxes as instructed.
I. Hazard	ous Waste Activ	ities; Complete all parts	1-10.	Υ□	N 🗷	5. Transporter of Hazardous Waste If "Yes", mark all that apply.
/ 🗷 N 🗆		Hazardous Waste	wing – a, b, or c.			a. Transporter
	⊠ a. LQG:	Generates, in any calend (2,200 lbs./mo.) or more Generates, in any calend at any time, more than 1 acute hazardous waste; calendar month, or accuthan 100 kg/mo (220 lbs	dar month, 1,000 kg/mo of hazardous waste; or dar month, or accumulates kg/mo (2.2 lbs./mo) of	Υ□	N 🗷	<ul> <li>b. Transfer Facility (at your site)</li> <li>6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.</li> </ul>
	□ b. SQG:	spill cleanup material.  100 to 1,000 kg/mo (220 acute hazardous waste.	) - 2,200 lbs./mo) of non-	Υ□	N 🗷	7. Recycler of Hazardous Waste
		Les than 100 kg/mo (220 hazardous waste.		Y	N 🗷	8. Exempt Boiler and/or Industrial Furnace to "Yes", mark all that apply.  ii a. Small Quantity On-site Burner Exemption
″ ⊠ N □	2. Short-Term G event and not	indicate other generator in the comments from on-going processes the Comments section.	a short-term or one-time			□ b. Smelting, Melting, and Refining Furnace Exemption
' N E		Importer of Hazardous	Waste	Y	N 🗵	9. Underground Injection Control
′□ N 🗷	4. Mixed Waste	(hazardous and radioac	tive) Generator	Υ□	N 🗷	10. Receives Hazardous Waste from Offsite
J. Univers	sal Waste Activit	ies; Complete all parts	1-2,	K.	Used	Oil Activities; Complete all parts 1-4
Y 🗆 N	5,000 kg or determine	nntity Handler of Univers r more) [refer to your St what is regulated]. Indic aged at your site. If "Ye	cate types of universal	Yo	N 🗵	1. Used Oil Transporter If "Yes", mark all that apply.
	a. Batteri	•	a , mark an unat appry.			☐ b. Transporter ☐ b. Transfer Facility (at your site)
	b. Pestici			Y	N 🗵	2. Used Oil Processor and/or Re-refiner
	🗆 c. Mercur	y containing equipment	O			if "Yes", mark all that apply.
	⊡ d. Lamps		C			🛘 a. Processor
	□ e. Other (	(specify)	T 1			□ b. Re-Refiner
	☐ f. Other (s	specify)	£)	YD	N 🗷	3. Off-Specification Used Oil Burner
	☐ g. Other (	(specify)	ß	YO	N 🗷	3. Used Oil Fuel Marketer
				Y	N 🗵	1. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y 🗆 N		on Facility for Universal azardous waste permit ma				□ a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner
						<ul> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>

EPA ID Number:

			ies with Laboratorie uant to 40 CFR Part		opting into or wit	hdrawing from man	aging laboratory
	□ Үо	u can <b>ONLY</b> Opt int	o Subpart K if:				
		agreement with a co with a college or un	ollege or university; or	r a non-profit researc	ch institute that is o	wned by or has a for	as a formal affiliation mal affiliation agreement
∕□ N	[	See the item-by-item a. College or University b. Teaching Hospit	m instructions for c	lefinitions of types has a formal writter	of eligible acaden	nic entities. Mark all ent with a college or u	university
/ 🗆 N	<b>×</b> 2	. Withdrawing from	40 CFR Part 262 Sub	part K for the manag	gement of hazardou	us wastes in laborator	ries
1. Des	criptic	on of Hazardous W	aste				
	t them						ous wastes handled at you I page if more spaces are
D	018						
							1000
							State-Regulated hazardou more spaces are needed.

EPA ID Number: L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.		OMB# 2050-0024; Expires <u>12/31/2014</u>
12. Notification of Hazardous Secondary Mater	rial (HSM) Activity	8
	42 that you will begin managing, are managing, 40 CFR 261.4(a)(23), (24), or (25)?	g, or will stop managing hazardous secondary
If "Yes", you must fill out the Addendu	ım to the Site Identification Form: Notification	for Managing Hazardous Secondary Material.
13. Comments		
Per discussions with DNREC staff (Melissa Ferre	e) this temporary EPA ID is required for the or	ne time shipment of desulfurization canisters.
	yr 12 mae ann a 1	
U10194		
	1	
14. Certification. I certify under penalty of law the accordance with a system designed to assure that inquiry of the person or persons who manage the submitted is, to the best of my knowledge and besubmitting false information, including the possible A Permit Application, all owner(s) and operator(s)	It qualified personnel properly gather and evalustem, or those persons directly responsible lief, true, accurate, and complete. I am aware lity of fines and imprisonment for knowing viole	luate the information submitted. Based on my e for gathering the information, the information that there are significant penalties for lations. For the RCRA Hazardous Waste Part
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Sam Shyant	Sam Ghezavat – EHS Director	12-23-14
U		

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM								
28. Reason for Submittal	Reason for Submittal:					1			
ioi subilittai	To provide an Initial Notificatio for this location)	n (first time	submitting site identifica	ation info	rmation / to obtain	n an EPA ID number			
MARK ALL BOX(ES) THAT	To provide a Subsequent Notifi	ication (to u	pdate site identification i	informati	on for this location	n)			
APPLY	As a component of a First RCR	RA Hazardoi	us Waste Part A Permit .	Applicati	on				
	As a component of a Revised F component of the Hazardous V					ent#) □□As a			
	Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)								
29. Site EPA ID Number	EPA ID Number:								
30. Site Name	Name: BE JP Morgan								
31. Site	Street Address: 500 Stanton Christiana	Road							
Location Information	City, Town, or Village: Newark				County: New Ca	stle			
mormation	State: Delaware	Country:	United States		<b>Zip Code:</b> 19713	3			
32. Site Land Type	☑ Private ☑ County ☑ District ☐	Federal	☐ Tribal ☐ Municipa	al D.St	tate   Other				
33. NAICS	A. 221118	roderar	c.	ar 5 01	oto E Other				
Code(s) for the Site (at	В.		D.						
least 5-digit			D.						
34. Site	Street or P.O. Box: 1299 Orleans Drive								
Mailing Address	City, Town, or Village: Sunnyvale								
	State: CA	Country:	United States		Zip Code: 94089				
35. Site	First Name: Sam	MI:	Last: Ghezavat						
Contact Person	Title: EHS Director								
	Street or P.O. Box: 1299 Orleans Drive								
	City, Town or Village: Sunnyvale								
	State: CA	Country:	United States		Zip Code: 94089	)			
	Email: Sam.Ghezavat@bloomenergy.co	om							
	Phone: 408-203-6895	E	xt.:	Fax: 4	08-541-1725				
36. Legal	A. Name of Site's Legal Owner: JPMe	organ Chas	e Bank NA	Date B	Became Owner: 2	2/1/2013			
Owner and	Owner Type:  Private  County	□ Distric	t 🗆 Federal 🗎 Trib	bal 🗆	Municipal □ S	tate 🗆 Other			
Operator of the Site	Street or P.O. Box: 500 Stanton Christi	ana Road		0.					
	City, Town, or Village: Newark			Phone: 212-270-6000					
	State: DE	Country:	United States	Zip Co	ode: 19713				
						0/00/004			
	B. Name of Site's Operator: Bloom Energy Corporation  Date Became Operator: 6/22/2014  Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other								

EPA ID Nun	nber:					OMB# 2050-0024; Expires <u>12/31/2014</u>
			10 1000 1400 1400			
10. Type Mark	of Regulated W "Yes" or "No"	laste Activity (at your si for all <u>current</u> activities	te) (as of the date submitting t	he for	m); c	complete any additional boxes as instructed.
М. Н	azardous Wast	e Activities; Complete a	ll parts 1-10.	Yol	N 🗷	5. Transporter of Hazardous Waste If "Yes", mark all that apply.
/ 🗵 N 🗆 ′		Hazardous Waste irk only one of the follow	wing – a, b, or c.			☐ a. Transporter
	□ a, LQG:		of hazardous waste; <b>or</b> dar month, or accumulates			☐ b. Transfer Facility (at your site)
				<b>Y</b> 🗆 1	N 🗷	6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
	☑ b. SQG:	100 to 1,000 kg/mo (220 acute hazardous waste.	0-2,200 lbs./mo) of non-	<b>Y</b> 🗆	N 🗷	7. Recycler of Hazardous Waste
	□ c. CESQG:	Les than 100 kg/mo (22) hazardous waste.	0 lbs./mo) of non-acute	Υ□	N 🗷	8. Exempt Boiler and/or Industrial Furnace If  "Yes", mark all that apply.  □ a. Small Quantity On-site Burner Exemption
	If "Yes" above,	indicate other generator	activities in 2-4.			
/⊠ N□2.		on-going processes). If "Y	short-term or one-time event 'es", provide an explanation			<ul> <li>b. Smelting, Melting, and Refining Fumace Exemption</li> </ul>
				Y	N 🗷	9. Underground Injection Control
run es	3. United States	Importer of Hazardous	waste			
/ DN 🗷 4	4. Mixed Waste	(hazardous and radioad	tive) Generator	<b>Y</b> 🗆	N 🗷	10. Receives Hazardous Waste from Offsite
N.Universa	al Waste Activit	ies; Complete all parts	1-2.	0. 1	Jsed	Oil Activities; Complete all parts 1-4
YON	5,000 kg o	intity Handler of Univers r more) [refer to your St what is regulated]. Indic	sal Waste (you accumulate ate regulations to	Y	N 🗷	Used Oil Transporter     If "Yes", mark all that apply.
		aged at your site. If "Ye				□ a. Transporter
	🛘 a. Batteri	es				☐ b. Transfer Facility (at your site)
	□ b. Pestici	des	IJ	Y 0	N 🗷	2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.
	□ c. Mercur	y containing equipment	G			☐ a. Processor
	□ d. Lamps		0			
	□ e. Other	(specify)	П			☐ b. Re-Refiner
	☐ f. Other (	specify)	a	Y	N 🗷	3. Off-Specification Used Oil Burner
	□ g. Other	(specify)		Yo	N 🗵	3. Used Oil Fuel Marketer
	29	(4,4,4,1)	-	Y	N 🗷	Used Oil Fuel Marketer     If "Yes", mark all that apply.
Y D N E		on Facility for Universal azardous waste permit ma				<ul> <li>a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner</li> </ul>
						b. Marketer Who First Claims the Used Oil     Meets the Specifications

P. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laborator hazardous wastes pursuant to 40 CFR Part 262 Subpart K									
	□ You ca	n ONLY Opt into Su	ubpart K if:						
	<ul> <li>you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND</li> <li>you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state</li> </ul>								
YON	See ☐ a. ( ☐ b. ]	the item-by-item in College or University Feaching Hospital th	nstructions for defi / nat is owned by or ha	nitions of types of as a formal written a	eligible academic ffiliation agreement	gement of hazardous wentities. Mark all that with a college or univerwith a college or univerwith a college or unive	apply: sity		
/ D N	☑ 2. Wi	thdrawing from 40 C	CFR Part 262 Subpar	t K for the manager	ment of hazardous w	astes in laboratories			
1. Desc	ription of	f Hazardous Waste							
. Waste ite. List eeded.	e Codes f t them in t	or Federally Regul ne order they are pr	ated Hazardous Wa esented in the regula	astes. Please list thations (e.g., D001, I	e waste codes of the 0003, F007, U112).	e Federal hazardous wa Use an additional page	astes handled at you e if more spaces are		
D(	018								
						ste codes of the State- additional page if more			
			ļ						

EPA ID Number: LL.		MB# 2050-0024; Expires 12/31/2014
12. Notification of Hazardous Secondary Mater	rial (HSM) Activity	
	42 that you will begin managing, are managing, i), 40 CFR 261.4(a)(23), (24), or (25)?	or will stop managing hazardous secondary
If "Yes", you must fill out the Addendu	um to the Site Identification Form: Notification for	or Managing Hazardous Secondary Material.
13. Comments		
Per discussions with DNREC staff (Melissa Ferree	e) this temporary EPA ID is required for the one	e time shipment of desulfurization canisters.
		P III
14. Certification. I certify under penalty of law that accordance with a system designed to assure that inquiry of the person or persons who manage the submitted is, to the best of my knowledge and bell submitting false information, including the possibil A Permit Application, all owner(s) and operator(s)	It qualified personnel properly gather and evalu- system, or those persons directly responsible lief, true, accurate, and complete. I am aware lity of fines and imprisonment for knowing viola	tate the information submitted. Based on my for gathering the information, the information that there are significant penalties for tions. For the RCRA Hazardous Waste Part
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Sam Dhenn	Sam Ghezavat - EHS Director	12-23-14

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Plea	*		ned for use on elite (12-pitch) typewri	ter.) 4/7	7		1040	Form	Approved, C	MB No. 2050-00	03			
1	UNIF	ORM HAZARDOUS	Generator ID Number	2, Page 1 c	of 3. Emergency Respons	e Phone	4. Manifest	Tracking N	umber					
		ASTE MANIFEST	TERROTORI	6.51	500, 493	ALC.	00	to a No.	<u>8808</u>	JJK				
	5. Ger	nerator's Name and Mailin			Generator's Site Address	s (if different the	an mailing addres	s)						
			Bloom Energy of Unic	ai Serrices										
	Gener	rator's Phone:	Alvin. IX TIETI		I									
		nsporter 1 Company Nam	e		-		U.S. EPA ID N	lumber			_			
		Appelalized	Worte Systems				3 5 0 0 8 0 8 7 0 2 5 7							
	7. Transporter 2 Company Name								U.S. EPA ID Number					
	8 Des	signated Facility Name an	d Site Address				U.S. EPA ID N	lumb on			_			
				orstran Leon, Inc.				-	153771	,				
	Facilit	y's Phone:	San 1 202. I	X 775.09										
	9a.	9b. U.S. DOT Description and Packing Group (if a	on (including Proper Shipping Name, Hazar	d Class, ID Number,	10. Conta	iners	11. Total	12. Unit	17/757 101 13. W	aste Codes				
1	HM	and Facking Group (if a	11/9))		No.	Туре	Quantity	Wt./Vol	10					
GENERATOR	X	NA 3077, Ha Metals), 9, P	izardous Wasie, Solid, N.) G III	O.S., Penzena	667	CM	15	- ser-	0901	4937 001	100			
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	-	3.									1			
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1		4.												
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	14. Sparial Handling Instructions and Additional Information													
1	142 Op	14. Special Handling Instructions and Additional Information												
-														
		WO # 1402159419												
1		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary												
1	E	xporter, I certify that the c	contents of this consignment conform to the	terms of the attached EPA Ackno	wledgment of Consent.		•	ii export siii	pinent and ran	Tule I fullery				
		I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.  Seperator's/Offeror's Printed/Typed Name  Month Day Year												
	Colon	and arone or a mileotry	pau Marie	ľ	ignature ///	4-			Month	1 17-1 76	1			
Ė	16. Inte	ernational Shipments	Import to U.S.	Export from	U.S. Port of er	do/evit				1.7617				
ILL	Transp	porter signature (for expor		CAPORT HOLD	Date leav						_			
띪		nsporter Acknowledgment			- 0			11						
TRANSPORTER	transp	orter 1 Printed/Typed Nan	ne // // /	Si 1	gnature	10	1 . //	/,	Month	Day Year				
NSP	Transp	orter 2 Printed/Typed Nan	1.01.1.1.1.1.1.7.	S	gnature /	24 J.	BEER	San Charles	Month	Day Year	75			
TRA		0-11-11-11	ADE WAST		to a All	1/12			1/10	170114				
<b>†</b>	18. Dis	screpancy	A Report of the State of the St		- Property	H. G				4				
	18a. D	iscrepancy Indication Spa	ce Quantity	Туре	Residue		Partial Reje	eclion	1	Full Rejection				
				.,,,,,						5 · mii / rejeese//				
۱ >	10h A1	bornata Enallity (on Canan	nter!		Manifest Reference	e Number:	U.S. EPA ID N	umbar			_			
븝	18b. Alternate Facility (or Generator)							univei						
FAC	Facility	's Phone:					Ĭ							
ED		gnature of Alternate Facili	ity (or Generator)						Manti	n Day Yea	ar			
DESIGNATED FACILITY														
SIG		zardous Waste Report Ma	nnagement Method Codes (i.e., codes for h		al, and recycling systems)									
H H	1,	4-29	2.	3.			4.							
	20 8	1 1	Consider Codification of consideration	loug motorials several butter	nifort average on a start to v	m 180					_			
		signated Facility Owner or I/Typed Name	r Operator: Certification of receipt of hazard		gnature	ii IOd	1	1 1	Month	Day Year	F			
$\downarrow$		No.	Contraras	1	· dans		7 1		19	12/11/	0			
-DA	Form	9700.22 (Pay 2.05) D	Drawinus aditions are checleto		- 1111111	5				COLOR	=			

Ple	ase pr	int of type. (Form designed for use on elite (	12-pitch) typewriter.)		T-12-1		Form	Approved, OMB No. 2050-0039
1	UNII	FORM HAZARDOUS WASTE MANIFEST	21. Generator ID Number  TXROVOXIII 3.1  ENERGY Y (in Upico - Ser	22. Page		lest Tracking Nu		
	24.0	(Continuation Sheet) Generator's Name	IXKOROCEUST ST	1	(4)	5798	00	
	25	Fransporter Company Name	U,S, EPA ID	Number				
		(1/10	an Hunger	Gan Hear	TH	I M	AD	635377258
	_	ransporter Company Name		-		U.S, EPA ID	Number	
	27a HM	27b. U.S. DOT Description (including Proper Shi and Packing Group (if any))		28, Contair No.	Type	29. Total Quantity	30. Unit Wt./Vol.	31, Waste Codes
			to the control of the	7				
		F						
			) /					
GENERATOR								
5								
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		/-	1 1 1 1 1 m			-		
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	99 0	pecial Handling Instructions and Additional Informa	tion					
	<b>VA.</b> 5	, and a second s						
TRANSPORTER	Printe	ransporter Acknowledgment of Receipt of ad/Typed Name	Contrerasi	Signature /	190 ]	15		Month Day Year
SAN	Printe	ransporter Acknowledgment of Receipt of ed/Typed Name	Materials	Signature				Month Day Year
ĭ				(F)				
7	35. D	iscrepancy						
11								
FAC								
回	36 H	azardous Wasle Report Management Method Cod	es (i.e., codes for hazardous waste treatment, dispo-	sal, and recycling systems)				
DESIGNATED FACILITY	50, 17	acarage reasts report management method 500	יים ניישון, שטעטט יטר המצמרטטעט אימטוק נויסמורופות, מושףטי	l			1	
ESIC								
ō		1		ľ				
=PA	Form	8700-22A (Rev. 3-05) Previous editions are	ansolete			DES	SIGNATE	FACILITY TO GENERATOR

se print or type. (Form des	igned for use on elite (12-pitch) ty	pewriter.)						pproved. OMB 1	lo. 2050-0
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number		2. Page 1 of 3. Eme	rgency Response	Phone Phone	4. Manifest	Tracking Numl	oer 308	JJK
5. Generator's Name and Ma			Genera	or's Site Address	(if different th	an mailing addre	ss)		
Generator's Phone:			ľ						
Transporter 1 Company Na	me					U.S. EPAID	Number		
7. Transporter 2 Company Na	me					U.S. EPA ID	Number		
8. Designated Facility Name		Skira No sta				U.S. EPA ID	Number		
Facility's Phone:						10	0.1%	- 13	
	otion (including Proper Shipping Name, fany))	Hazard Class, ID Number,		10. Contai	ners Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste C	odes
1.		1 7 MIN		110.	1350	12	V		
2		F1 - 1 - 1					1	8 8 8	+
.3.							-		
4.									-
	ons and Additional Information								
marked and labeled/place Exporter, I certify that the	OR'S CERTIFICATION: I hereby declarded, and are in all respects in proper contents of this consignment conforminimization statement identified in 40 Cryped Name	r condition for transport according to the terms of the attached	ording to applicable into	rnational and nati t of Consent,	ional governm	ental regulations		ent and I am the F	
16. International Shipments	П	•	1	Post of co	- 12.5E				_1_
Transporter signature (for exp			Export from U.S.	Date leave	try/exit: ing U.S.:				
Transporter 1 Printed/Typed N	ame		Signature					Month I	Day Y
Fransporter 2 Printed/Typed N	ame		Signature					Month I	Day Y
18. Discrepancy									
18a. Discrepancy Indication S	pace Quantity	Туре	[ M	Residue	Number	Partial Re	jection	Full	Rejection
18b. Alternate Facility (or <b>Gen</b>	erator)			The state of the s	200	U.S. EPA ID	Number		
Facility's Phone: 18c Signature of Alternate Fa	cility (or Generator)		7			1		Month	Day
19. Hazardous Waste Report	Management Method Codes (i.e., code	s for hazardous waste treatr	ment, disposal, and red	ycling systems)		4.			
		hozordoue metodola correce		ot as aded in the	0.189				
	or Operator: Certification of receipt of	nazardous materiais covere		pi as nued in iten	108			Month I	Day Y
Printed/Typed Name			Signature					MURBI I	ay I



## Land Disposal Restriction Notification Form

Page : 1 of 1

			Printe	ed Date :Sept. 15, 2014			
MANIFEST INFORM	MATION						
Generator:	Bloom Energy @ Unicat Service	es I	Manifest Tracking Info.				
Address:	5918 S. Hwy 35 Alvin,TX 77511		n 005798808JJK				
EPA ID #:	TXR000081631	į.	Sales Order No:	1400679605			
LINE ITEM INFORM							
ine Item: Pag	ge No: Profile No:	Treatability Group:	LDR Disposal Cate	gory			
1. 11	ICH821503B	NON-WASTEWATE	R I2 (This is subject to	LDR.)			
EPA Waste Code )018			EPA Waste SubCategory NONE				
		LDR Chemical Data					
33 A A		U H	Inderlying Constituents of	Subject to			
Chemical opper Catalyst enzene		C	onstituents Concern	Treatment			
	Cer	tification		Applies to			
		<u> </u>		Manifest Line Items			
'ursuant to 40 CFR 2	68.7(a), I hereby notify that this s	hipment contains waste	restricted under 40 CFR Part 2	268. 1.			
Naste analysis data,	where available, is attached.						
Signature :		Print Name					
Title:		Date :	is some some some uncer some some some color some				